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CONFIRMATION NO. 1721

<b>SERIAL NUMBER</b> 10/826,909	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 1735.0840002/RWE/ALS
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/463,649 04/18/2003 and claims benefit of 60/463,662 04/18/2003  
 and claims benefit of 60/484,749 07/07/2003  
 and claims benefit of 60/484,750 07/07/2003  
 and claims benefit of 60/532,665 12/29/2003

BD

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>BD</i>				

**ADDRESS**

26111

**TITLE**

Methods of treating diseases responsive to induction of Apoptosis and screening assays

<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____

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